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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

09 / 758625

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	18 minus 20 =	67
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4 minus 3 =	7
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	FEE
	\$
X \$	=
X \$	=
+ \$	=
TOTAL	

RATE	FEE
	\$
X \$	=
X \$	=
+ \$	=
TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	5	Minus **	=
Independent (37 CFR 1.16(b))	Same	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number:

9/758625

10/2

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
OR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	67 minus 20 =	47
DEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	48	Minus	67	= 0
Independent	3	Minus	5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	39	Minus	67	= 0
Independent	7	Minus	5	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	18	Minus	67	= 0
Independent	5	Minus	7	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
 If the Highest Number Previously Paid For in the S SPACE is less than 2, enter 2.
 If the Highest Number Previously Paid For in the S SPACE is less than 3, enter 3.
 The Highest Number Previously Paid For Total of Independent Claims plus the number of the dependent claims.

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X5 9=		OR	X518=	846
X40=		OR	X80=	168
-135=		OR	+270=	
TOTAL		OR	TOTAL	216

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X40=		OR	X80=	
-135=		OR	+270=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X40=		OR	X80=	168.00
-135=		OR	+270=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X40=		OR	X80=	
-135=		OR	+270=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	